2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# M05000000077

Entity Name: PUTNAM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027

New Principal Place of Business:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027 US

Current Mailing Address:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027

New Mailing Address:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027 US

FEI Number: 20-2082396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PUTNAM COMMUNITY MED, ICAL CENTER, L L C
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PUTNAM COMMUNITY MED, ICAL CENTER, L L C
Address: 103 POWELL COURT, SUITE 200 BRENTWOOD TN 3
City-St-Zip: BRENTWOOD, TN 37027 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY KIM E. SHIPP MGR 03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date